PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/634,583			ling Date 05/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (N/A	-	N/A		N/A	(4)		N/A	1 == (0)
П	SEARCH FEE	or (c))	N/A		N/A		N/A			N/A	
듬	(37 CFR 1.16(k), (i), (ii)		N/A N/A	$-\!$	N/A		N/A N/A	<u> </u>		N/A N/A	
	(37 CFR 1.16(o), (p), (TAL CLAIMS		minus 20 =				X \$ = 1	<u> </u>	OR	X S =	
IND	CFR 1.16(i)) EPENDENT CLAIM	ıs	minus 3 = *			П	x s =	 	OI.	x s =	
(37	CFR 1.16(h))	If the		gs exceed 100	ł	^*	-		^*		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	sheets of paper, the application size is \$250 (\$125 for small entity) for ea additional 50 sheets or fraction then 35 U.S.C. 41(a)(1)(G) and 37 CFR								
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]					
* If !	the difference in colu	umn 1 is less than	r "0" in column 2.	•	TOTAL]	TOTAL			
	APPI	LICATION AS	OED - PART II		OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		CLAIMS	HIGHE		ST I						
AMENDMENT	03/01/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	• 24	Minus	·· 22	= 2]	X \$25 =	50	OR	x s =	
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0]	X \$100 =	0	OR	x s =	
M	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE	50	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ᆲ	Total (37 CFR 1,16(i))		Minus	**	=	l	x \$ = 1		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))	*	Minus	***			x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "or in column 3. I Legal Institument Examiner: If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Be the "Line Number Previously Paid											

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the LISPTO to process) an application. Confidentiality is overward by 83 USs. C. 122 and 37 CFR. 1.14. This collection is estimated to the 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U. S. Patent and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.